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FIRE AND PUBLIC SAFETY COMMISSION

COUNTY OF MAUI

TRANSCRIPT OF PROCEEDINGS

REGULAR MEETING

Held at via BlueJeans video conferencing, commencing
at 10:05 a.m., on December 17, 2020.

REPORTED BY: SANDRA J. GRAN, RPR/CSR #424

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ATTENDANCE

COMMISSION MEMBERS PRESENT:

Kyle Ginoza, Chair

Lisa Vares, Vice Chair

Travis Tancayo, Member

Gregg Lundberg, Member

Dwight Burns, Member

Donna Sterling, Member

Punahele Alcon, Member

STAFF:

David Thyne, Fire Chief

Bradford Ventura, Deputy Fire Chief

Michael Werner, Battalion Chief

Richard Kawasaki, Assistant Fire Chief

John Devlin, Firefighter III

Gary Murai, Deputy Corporation Counsel

Richelle Wakamatsu, Commission Secretary

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(December 17, 2020, 10:05 a.m.)

* * *

CHAIR GINOZA: Good morning. It's 10:05 a.m. and I'd like to call the fire and public safety commission meeting to order. My name is Kyle Ginoza, chair of the commission. I'd like to do roll call to begin the meeting. Lisa Vares.

VICE CHAIR VARES: Here.

CHAIR GINOZA: Vice chair.

Jack Freitas.

(No response.)

CHAIR GINOZA: I don't see him.

Travis Tancayo.

(No response.)

CHAIR GINOZA: I don't see him yet.

Gregg Lundberg.

(No response.)

CHAIR GINOZA: Not here yet.

Dwight Burns.

COMMISSIONER BURNS: Here.

CHAIR GINOZA: Thank you, Dwight.

Donna Sterling.

COMMISSIONER STERLING: Here, Chair.

CHAIR GINOZA: Thank you.

Punahuele Alcon.

COMMISSIONER ALCON: I'm here.

1 CHAIR GINOZA: And Max Kincaid, Jr.

2 (No response.)

3 CHAIR GINOZA: I don't see him.

4 So we have five, bare quorum currently.

5 I'll move on to the minutes from the November 19th
6 meeting, last month's meeting. I hope everybody got their
7 packet and was available to review the minutes. Could I have
8 a motion to approve the minutes?

9 COMMISSIONER BURNS: Motion to approve.

10 CHAIR GINOZA: Thank you.

11 COMMISSIONER STERLING: Second. Second.

12 Commissioner Sterling seconds.

13 CHAIR GINOZA: Thank you. Thank you, Donna. I
14 assume no discussion, so could everybody raise their hands and
15 Punahale say yes if you approve the minutes.

16 (Response.)

17 CHAIR GINOZA: Okay. All five of us approve, so the
18 meeting minutes were approved.

19 Richelle, do we have anybody signed up to testify
20 from the public?

21 DEPUTY CHIEF VENTURA: Nobody here to testify this
22 morning, nobody signed up with Richelle.

23 CHAIR GINOZA: Okay. Anybody logged on wishing to
24 testify?

25 (No response.)

1 CHAIR GINOZA: Hearing none, I will close public
2 testimony.

3 I don't see Herman on. Herman, are you on the phone
4 or on the call? Perhaps he's having --

5 (Background noise.)

6 CHAIR GINOZA: I'm sorry.

7 (No response.)

8 CHAIR GINOZA: Let's move on from Herman's report in
9 case he joins us and we'll just move on to the fire
10 department. You know what, I'm sorry, I forgot during roll
11 call to recognize the different resources we have with us. We
12 have Gary Murai from corporation counsel. And, Chief Thyne,
13 if you could recognize those in attendance with you, I'd
14 appreciate it.

15 CHIEF THYNE: Okay, Chair. Good morning, everybody,
16 again. Of course, I'm here. Deputy Chief Ventura is here.
17 Immediately to his left is our guest presenter today, John
18 Devlin, he is our EMS -- EMR program director, so he'll go
19 into that topic area at the end of our presentation here.
20 Adjacent to John is Chief Kawasaki and next to Chief Kawasaki
21 is Chief Werner. And then off camera here to my left is
22 Richelle. She just came back in, she was trying to get a few
23 others up on the link. So that's who's present in the room.
24 We also have -- it looks like a couple of our
25 firefighters are online with us. Jeremy Irvine, who's our

1 union representative, as well as Alika Apana is online as well
2 and Jay Fujita, who is also one of our union reps is also on
3 the call or on the (inaudible). Those are the other folks on
4 your screen.

5 CHAIR GINOZA: Okay. Great. Thank you. And if I
6 don't mind, you could just continue on to your report, please.

7 CHIEF THYNE: Okay, Chair. Thank you. And, again,
8 good morning, everybody, I'm glad to be here. It's the
9 holiday season, so I know you're all busy, so I'll try to
10 scoot through my portion as best as I can or as quickly as I
11 can.

12 You'll see on the top always we focus on our
13 training. I like to make sure that you're aware of the
14 different types of training that we do.

15 Good morning, Commissioner Lundberg, I see you've
16 joined us as well.

17 COMMISSIONER LUNDBERG: Good morning.

18 CHIEF THYNE: So I'll continue. We did have three
19 different types of training this past -- time since we met you
20 last. Those are all completed and/or very soon to be
21 completed. We also did some training with, as you'll see,
22 Ralph Thomas, who is our equal opportunity employee with the
23 county, trainer. He was retiring the end of this past month,
24 so we had some EEO focus training for all the directors and
25 deputies that was done by Ralph on his way out the door. It

1 was done electronically, of course.

2 One thing you'll see just listed on the bottom of
3 the first page is the Rescue Tubes Agreement, that's a -- one
4 of those critical pieces on the community relations side that
5 was brought forth by our past administration and we continued
6 and that's working with our rotary clubs on the rescue tubes
7 that are at the beach parks. They've actually increased the
8 number of those and we re-signed the agreement, so Assistant
9 Chief Werner and corp. counsel worked together to update the
10 agreement with the various parties and so we have now more of
11 those rescue tubes out at the beach parks, which is a good
12 thing that we definitely support.

13 So second page you'll see that we had some -- the
14 donation some of fitness funds for wellness/fitness. That's
15 one of our priorities as a department, obviously, is keeping
16 our firefighters, you know, very focused on their wellness and
17 fitness overall. Part of that, of course, is the physical
18 fitness, but also we do focus on the mental as well. But this
19 in particular was related to some -- a donation of some
20 monetary value for some fitness equipment.

21 So Chief Ventura and I met with Riki Hokama and
22 Commissioner Hokama is on his way out the door as well, he's
23 termed out, but he's been a good friend to the department
24 through the years in support of our efforts, so we are gonna
25 miss his leadership at the council level. But we had a good

1 meeting with him and we discussed some of our potential
2 funding shortfalls with the Lanai project. Everything seems
3 to be bidding over what normally we anticipated it would based
4 on the COVID precautions and different things people have to
5 do in this day and age, so we're strategizing with
6 Councilmember Hokama on his way out the door, again, with his
7 budget background on how we're gonna still fund that project
8 on Lanai. That project is primarily a storage facility for
9 some of our -- our apparatus over there on Lanai. We do have
10 a normal fire station garage that's part of our station
11 facility, but we want to add another garage storage facility
12 to the back of the station for some relief equipment and
13 things of that nature. So, again, we'll keep you posted on
14 that. Right now we're underfunded, but we're working with --
15 with them on that.

16 I know we talked in the past, there was some
17 questions, I think it was from Commissioner Tancayo on the
18 coordination with the other island -- excuse me, the other
19 fire departments in the islands here and the other counties,
20 and so you'll see listed in those next two the different state
21 coordination meetings that we participate on both with the
22 fire chiefs as well as the -- Assistant Chief Werner goes on
23 Monday, Wednesday, Friday with the state operations all the
24 way up to the state emergency management folks and even the
25 governor's office. If Chief Werner can't go on, then I -- I

1 myself or Chief Ventura will tune into those. So we do stay
2 in contact with them as well as the fire -- state fire
3 council, which is the other fire chiefs within our -- our
4 state.

5 So we did our battalion chief meeting as well and
6 that kind of brings me to the conclusion of my report. If you
7 have any questions, I'm available for comments. You'll see a
8 slight uptick as you look in the calls. With our visitors
9 returning to our islands, we do see a slight uptick in
10 incidents. That is typical also of the holidays where the
11 kids are more typically out of school and -- and headed to the
12 beach and we deal with surf rescues and those types of things.
13 But nothing dramatic there, just a slight uptick and -- and
14 our guys, to be honest with you, are probably glad to be
15 getting out of the stations and going on calls again, so it's
16 a good thing in a way. So that's it for me. If you have any
17 questions, I'll be available; otherwise, I'll turn the floor
18 over to Deputy Chief Ventura.

19 CHAIR GINOZA: Thank you, Chief.

20 Any questions from commissioners?

21 (No response.)

22 CHAIR GINOZA: Seeing none, Chief Ventura.

23 DEPUTY CHIEF VENTURA: All right. Good morning,
24 everybody. Thank you for being here. You guys have before
25 you my report this month. There is -- as far as interviews

1 and promotions go, what you have in front of you, the couple
2 of transfers. Occasionally, we get transfers, intergovern-
3 mental, different counties or state, and so we acquired two
4 new employees from the state system recently. They're in our
5 training bureau right now and they'll be going online in
6 January.

7 Retirees: We started our retirement cycle, I guess
8 we'll call it, and usually by November or December, everybody
9 starts to kind of exit who's planning on retiring. We
10 anticipate about seven total retirees at this point and then
11 we have one that resigned. So just like we took on two
12 transfers from state, one person kind of sort of transferred
13 to Honolulu Fire, so he resigned from our department and moved
14 to -- on.

15 The recruit class graduates tomorrow. Richelle is
16 gonna send out Facebook live link for any of you that would
17 like to view it. Due to COVID, we obviously have to take, you
18 know, all precautions and keep everybody distant. And what
19 our normal graduation of a class of 20 would be about two to
20 three hundred people, it's gonna be not even 10 percent of
21 that this year, so -- 15 percent or so. So that link will
22 come out to you folks from her.

23 Improvement Committee: Our research and development
24 does a cycle throughout the year and right now they took on
25 input from the department as to what they want to do research

1 on development on and they're looking at a few different
2 products: Wildland goggles, radio harnesses, and then a
3 personal kind of a wearable flashlight. You know, technology
4 is always changing, so we always wanna be able to provide the
5 safest, you know, best, longest-lasting tools for our
6 firefighters. So even though we have these items already --
7 or two of these three items already, if we can provide, you
8 know, newer technology or better -- and some of the things
9 that we have just -- they end their useful life, so it's time
10 for replacement, so we would put it into research and
11 development and look for replacement products.

12 Union Interactions: On here I have listed HGEA,
13 which is our ocean safety group. We -- we don't quite have
14 like a full SOGs or rules and regs with them and in order for
15 it to be kind of perceived well, we're working on each policy
16 with them kind of one at a time and going in consultation back
17 and forth with their members and their union rep and our
18 administration to approve a policy at a time. And then our
19 goal eventually is to get all of those policies put into one
20 manual, so all the ocean safety officers have, you know, clear
21 direction. There's a lot of information they have that is
22 So-and-So told me or this is how the last chief did or the
23 last supervisor did it, so we're trying to get all of those
24 things really formalized and make them, you know, black and
25 white so everybody knows exactly what to do and at every beach

1 it's being done the same way. So that's taken up a lot of our
2 time to kind of go back and forth with the union on creating
3 this document. It'll -- it'll take a while, but slowly by
4 slowly we're getting through the policies, the parts of it.

5 As far as HFFA, which is not on here, but they're
6 with us today, you know, I've had a couple of phone calls with
7 them this month, but nothing huge, nothing that we had to work
8 through, consult on, or whatever.

9 Transmittals From the Public: Our office has
10 researched in line of duty deaths across the nation and we do
11 it for a variety of reasons: One, we want to -- lessons
12 learned, what we can learn that other departments went through
13 so we can prevent it, hopefully, from happening on our, you
14 know, territory, and then also, you know, reach out to those
15 departments and offer our condolences. So we got a -- kind of
16 a letter back from a North Carolina chief and department and
17 they were very grateful for our communication with them.

18 We did have one complaint this month about a
19 firefighter who was driving a marked utility pickup truck and
20 it was -- it was addressed, the person was, you know, spoken
21 to, and we assured that it's not gonna happen again. Some
22 training was offered and, you know, we're moving forward with
23 it.

24 Strategic Plan Community Survey: So as we mentioned
25 last month, we're getting into revising our strategic plan,

1 which is about every five years. It'll take us a couple of
2 few months to go through the whole entire process, but
3 initially our goal was to listen to our stakeholders, so we
4 put out -- for over 45 days or so we put out a -- our
5 community survey. We received 159 completed surveys, which is
6 not great, but it's kind of typical, unfortunately. And we're
7 going over all the data now to, you know, see if there's
8 any -- anything we can do to fill gaps or expand services or,
9 you know, just improve in certain areas. So we're going over
10 that now to prepare for the strategic plan.

11 The last comment there, a lot of our trainings that
12 we do, especially with our recruit class, is kind of behind
13 the scenes, nobody really sees it. We're at the joint
14 training center behind kiawe trees and a -- you know, a chain
15 link fence or we're at shopping center in a parking lot and
16 only various people that walk by see it, but in this last
17 month we had some training that was very visible to the
18 public, that being our ocean safety training. So we take our
19 firefighters and we put them one week of ocean training and
20 because it was at various beaches, we got comments from the
21 public that they're very happy to know that our firefighters
22 are also trained to a high level in the ocean rescue because
23 the lifeguards do go home at 4:30 every day. So, you know, we
24 got some feedback as to, you know, some of the locations they
25 were at.

1 That is what I have on my handout for you folks
2 today. Are there any questions?

3 CHAIR GINOZA: Does any commissioner have any
4 questions?

5 (No response.)

6 CHAIR GINOZA: Thank you, Chief.

7 DEPUTY CHIEF VENTURA: Thank you.

8 CHAIR GINOZA: I have a question. Could you just
9 remind us when the HFFA contract is up for renewal again?

10 DEPUTY CHIEF VENTURA: June 30th it expires.

11 CHAIR GINOZA: This coming year?

12 DEPUTY CHIEF VENTURA: Yes.

13 CHAIR GINOZA: Okay. Thank you.

14 If no other questions, Chief Kawasaki.

15 ASSISTANT CHIEF KAWASAKI: Good morning, everybody.
16 So as you can see, the major incidents, not too much going on.
17 Probably the most publicized was that shark attack we had in
18 Napili. Unfortunately, the person did not survive, but we
19 did -- were able to get the person, you know, back (inaudible)
20 and was transported to the -- to the hospital. Fire is
21 like -- very slow on the fire side.

22 Our -- we did get a bid for our Engine 2 fire truck
23 which John Devlin here works at, so they'll be getting a new
24 truck. It did -- the bid did come under what we had allocated
25 for, barely, so we will be proceeding with that contract.

1 Training-wise, you know, throughout COVID we've been
2 telling you guys we still are doing our training, it just
3 takes a lot longer and a lot more money because we do it in
4 smaller groups rather than big groups like we normally do. A
5 big thing in our training bureau is our recruit class
6 graduates tomorrow. They're right now upstairs getting a talk
7 on what is called Fire -- Firehouse Survival. It basically
8 goes and tells them how they're supposed to act at the station
9 and things to do, not to do, their role as a, you know,
10 initial firefighter, which I think is very important for them.
11 You know, they spent the last six months learning about how to
12 deal with our emergency incidents, but, you know, as everybody
13 knows, that's just a small portion of our job and most of it
14 is getting along with people and, you know, maintaining the --
15 the relationships at the station, so very important for them.

16 And also Fire Two mentioned about ocean safety and
17 Chief Giese is still very busy trying to come up with all
18 our -- their new procedures and policies, which takes a lot
19 longer because of the union interaction. We have to send it
20 to the union and it takes long for us to get it back.

21 Other than that, that's all I have. Anybody has any
22 questions?

23 CHAIR GINOZA: Any questions from commissioners?

24 (No response.)

25 CHAIR GINOZA: Seeing none, great. Thank you.

1 Chief Werner, please.

2 ASSISTANT CHIEF WERNER: Good morning, everyone. As
3 far as fire prevention goes, our big news there is that our
4 captain who has been there since 2002, Captain Haake is
5 retiring at the end of the month. So he has 19 years of
6 experience in there, so we're going to be very, very sad to
7 see him go. We've moved Captain Otsubo in there, who is very
8 capable, I think he's gonna do great in there. So they've
9 been working on their transition, getting ready for him to
10 take over that department. I mean that bureau. One of the
11 big challenges they have is that MAPPS program, so they've
12 been meeting with Kimberly Albright, who's in charge of that,
13 getting ready to -- Captain Otsubo to take that over. And
14 he's got a pretty good plan in place. I met with him this
15 good morning to discuss that transition.

16 As far as health and safety goes, we also lost a
17 captain there, Captain Chai retired at the end of November.
18 We're preparing to bring on a new captain to take over that
19 bureau starting, I believe, in January.

20 We've also been preparing for the vaccine. We
21 provided MEMA with, first, a priority list of who in our
22 entire department gets priority from the top down to receive
23 the vaccine and then more recently we provided a survey of who
24 would actually take the vaccine. Everybody has their own
25 opinion as to whether or not they want to receive that, but

1 they filled out forms for MEMA with a contact list so as that
2 starts to roll out, they can quickly contact the people that
3 do want to take that vaccine.

4 The other major project we've been working on there
5 is our medical director. As you know, Libby Char was our
6 medical director before and now is heading up the DOH, so
7 we've been going through the process of getting a new medical
8 director. John Devlin has been very helpful with that and
9 we're very close to having that completed. We've done the
10 contract, got who we believe is going to be the new director
11 up as a county vendor, and so I'm hoping to have that all
12 wrapped up by the very beginning of January -- the year,
13 January.

14 That's my report for you. I can answer any
15 questions that you have.

16 COMMISSIONER STERLING: Chair, I have a question
17 for --

18 CHAIR GINOZA: Sure.

19 COMMISSIONER STERLING: -- Chief Werner.

20 CHAIR GINOZA: Go ahead.

21 COMMISSIONER STERLING: Can you describe the medical
22 director's interaction with the fire department and what
23 capacity?

24 ASSISTANT CHIEF WERNER: Your -- if you don't mind,
25 I'm gonna actually have John Devlin answer that question.

1 He's the head of our EMR cadre and he actually is the one who
2 works directly with our medical director, so if that's all
3 right with you.

4 CHAIR GINOZA: Will he be addressing it as part of
5 his presentation and should we wait or --

6 ASSISTANT CHIEF WERNER: Yes. He will be discussing
7 that during his presentation, so if that's okay with Member
8 Sterling, he can answer it at that time.

9 COMMISSIONER STERLING: Okay. That's fine. That's
10 good.

11 CHAIR GINOZA: Okay. And we -- I see Gregg is back,
12 so welcome Commissioner Lundberg.

13 Does any commissioner have any other questions for
14 Chief Werner?

15 COMMISSIONER LUNDBERG: Yeah. This is Gregg. I do
16 have one quick question for Chief Werner.

17 CHAIR GINOZA: Sure. Go ahead.

18 COMMISSIONER LUNDBERG: Chief, you mentioned that
19 the distribution would be -- of the vaccine would start from
20 the top down, was that correct in what I was hearing?

21 ASSISTANT CHIEF WERNER: I'm sorry. No, that --
22 we've -- we look at it from the top down as to the list that
23 we submitted, but then we submitted the priority according to
24 that list. And the priorities are those people who have
25 direct contact with the patients.

1 COMMISSIONER LUNDBERG: Okay. So the chiefs and the
2 captains will be secondary to the boots on the ground and
3 exposed?

4 ASSISTANT CHIEF WERNER: The captains will also
5 be -- they're in there as well, in the mix directly. The
6 chiefs would be behind them.

7 COMMISSIONER LUNDBERG: Okay. Thank you for --

8 ASSISTANT CHIEF WERNER: So a crew is a captain, a
9 driver, and three firefighters, so in most cases a captain and
10 a firefighter will go in first to --

11 COMMISSIONER LUNDBERG: Okay.

12 ASSISTANT CHIEF WERNER: -- assess the patient, so
13 the captains will be on that list.

14 COMMISSIONER LUNDBERG: Okay. Great. Thank you.

15 VICE CHAIR VARES: I had a question for him kind of
16 along the same lines. I did read in the newspaper that there
17 was Captain Jenkins (inaudible) was affected by COVID, did
18 that ripple through his firehouse at all or (inaudible)
19 contained?

20 CHIEF THYNE: It did, Vice Chair. It was very -- it
21 was our first case in the department, Captain Jenkins, and so
22 it was a (inaudible), it was a lesson learned type of thing
23 and -- and I think that Deputy Chief Ventura and the other
24 assistant chiefs, Chief Kawasaki and Werner, all navigated
25 through that with our crews and our guys. And there was, you

1 know, some tension, obviously, with the unknowns and,
2 fortunately, nobody else tested positive. And there was a
3 couple of direct contacts in the sense that they were people
4 he worked with and there were people that also shared the
5 quarters. They were, ironically, one of the crews that we had
6 off property, they were down in Kihei at a -- at a condo that
7 we had -- or a series of condos, if you will, they all had
8 their individual rooms that we had contracted when we got the
9 CARES Act funding. So that was good in the sense that it
10 wasn't a whole firehouse station setting, but it was bad in
11 the sense also that there was direct contact with some of
12 those folks.

13 Now, as you can see, we all wear our masks and we
14 have protocols in place, we just recently brought our
15 electrostatic sprayers online, so we're doing all we can. And
16 I think the guys in the end realized that the protocols that
17 we had in place, albeit maybe sometimes perceived as
18 excessive, were what benefited them in the long run because
19 nobody else tested positive and they could go home and be with
20 their families and not have to be worried about spreading that
21 to their family. So definitely a lot of lessons learned for
22 not only Captain Jenkins, but us as a department as well.

23 VICE CHAIR VARES: Good job in keeping that
24 contained. Thank you.

25 CHAIR GINOZA: Any -- any other questions from

1 commissioners?

2 (No response.)

3 CHAIR GINOZA: I have a questions and I -- I'm not
4 sure it's public information, so if it's not, please say so,
5 but, Chief Werner, from -- from the survey, what --
6 approximately what percentage of firefighters said they would
7 take the vaccine? Is that something that can be shared or --
8 or not?

9 ASSISTANT CHIEF WERNER: I don't see that that's a
10 problem.

11 DEPUTY CHIEF VENTURA: Unless Gary has an objection
12 to sharing that, we can share that.

13 MR. MURAI: Chief, it's up to you folks. I don't --
14 as -- well, I don't think it's proprietary or anything like
15 that, so it's your call. I think as long as we don't name
16 names, raw numbers are fine.

17 DEPUTY CHIEF VENTURA: Go ahead.

18 ASSISTANT CHIEF WERNER: So, so far with the survey
19 that we've taken, I would say about 25 percent.

20 CHAIR GINOZA: That would take the vaccine?

21 ASSISTANT CHIEF WERNER: Yeah.

22 FIREFIGHTER III DEVLIN: Of who responded.

23 ASSISTANT CHIEF WERNER: Yeah, that's of who
24 responded. I'm sorry, that's not correct. It's 33 percent,
25 yeah.

1 DEPUTY CHIEF VENTURA: So we reached out to all 400
2 employees, not all of them take the survey, to begin with, but
3 of the -- but the ones that did usually respond back, most of
4 them said, yes, they would, but it was about 80 to a hundred
5 people, so like he says, about 30 percent of our department.

6 CHAIR GINOZA: Okay. Okay. Any other questions?

7 (No response.)

8 CHAIR GINOZA: If not, Chief Ventura or Chief Thyne,
9 would you introduce Mr. Devlin.

10 CHIEF THYNE: I would. You know, we have the -- we
11 have a lot of good people in our department with, as Chief
12 Ventura mentioned, about 400 employees; however, not everybody
13 takes the time and/or has the ability to commit to a program.
14 We have 15 different -- approximately 15 different programs
15 and we consider these guys our subject matter experts. Some
16 come with a background already when they come in (inaudible)
17 as they go through their careers, but it takes lot for them to
18 commit to being involved in a program, it takes even more to
19 being committed to be a program director, as we call it. So
20 we have the benefit today -- six out of ten of our alarms as a
21 fire department here in your county are medical related,
22 that's why we're getting calls for service. Six out of ten of
23 the times -- it's actually a little bit more than that, but
24 we'll say six out of ten calls that we get out of the
25 thousands of alarms are medical related.

1 So John Devlin here is who's gonna talk to you today
2 and he's our program director for our EMS training cadre, so
3 I'll turn it over to John.

4 FIREFIGHTER III DEVLIN: Thanks, Chief.

5 Well, Commission, thank you for letting me to be
6 here to speak with you guys about our emergency medical
7 response program. Richelle is gonna cue up a PowerPoint, I
8 think, for you guys to go over. And what it is, is basically
9 just a -- just a brief overview of the program and then I'll
10 answer any questions you folks have about the program itself.

11 As chief introduced me, my -- my primary role is a
12 driver out at the Paia Station on A watch, but I've been
13 filling this role as the medical direct -- excuse me, the
14 program director for probably two years now. I've been
15 involved with the program for, I guess, the entirety of my
16 career, which has been 17 to 18 years now.

17 And let's, okay, begin the PowerPoint presentation
18 for everyone. Can everyone -- can everyone see the PowerPoint
19 on their screen?

20 CHAIR GINOZA: Yes.

21 FIREFIGHTER III DEVLIN: Okay. So as you folks
22 know, we are not just a fire department, but an all hazards
23 department, so basically we respond to any -- any time that
24 (inaudible) goes out and it's fire related, medical related,
25 hazmat, ocean safety response. So within that, within the

1 background for calls for service, as -- as Chief Ventura
2 shared with you, this year the numbers look like they're down
3 a little bit, we're approximately 8500 calls for service
4 total. I pulled the numbers from last year where we answered
5 12,678 calls for service. Of those, as Fire One said, a
6 majority -- not a majority, but at least 60 percent were
7 medical. So of that -- those calls I cued from last year, we
8 have 8,637 of them were EMS-related calls.

9 Regardless of the reason for the initial call for
10 service, whatever -- whatever the call was, all parties
11 receive a medical assessment to ensure no injury or illness
12 has occurred and that emergency medical care is not needed.
13 So whenever the hazmat team or a fire call, when they -- when
14 we -- when we make contact with the party or the patient or
15 the victim, we do a quick evaluation or assessment to make
16 sure that they were not injured or ill. So our numbers are
17 probably quite higher as far as medical contacts goes than
18 what the numbers relate to here.

19 So this is an org. chart of how our program is
20 broken down. So at the top we have the department medical
21 director. To answer your question about their role, I'll get
22 right to that in a moment, but I just want to share with you
23 the chart. So the department medical director is --
24 basically, he oversees the entire program. He helps us set
25 our protocols, our standard operating guidelines as referred

1 to medical skills and treatments that we can perform within
2 the community on an operational standpoint. I'll get a little
3 more in depth to that, but under him is my position as the EMS
4 program director and I basically help to coordinate all of the
5 EMR training with -- within the recruits or the incumbent
6 training, as well as manage the CPR program.

7 Now, the program as a whole is a -- is a pretty
8 large task to manage, so there -- we do have some guys in
9 certain positions within that to help us manage those
10 positions. So under EMS program director, we have a CPR
11 program and we have Firefighter Chris Stankis, he manages all
12 the recruit training, all the incumbent training, and our
13 community CPR program. And I'll get a little bit more into
14 depth in that in a moment. Within the EMR program we have our
15 recruit training and Tye Perdido has taken the lead of that
16 over the last three or four recruit classes and he puts
17 together the lesson plan, the scheduling, and outfitting of
18 all equipment and actions within that recruit training
19 program.

20 At the bottom of that org. chart we have the
21 recertification officer or program and our Firefighter II
22 Aaron Kahaloa manages that. And so what -- what his role
23 there is, he is basically ensuring that all the incumbent
24 training and required recertification training has been done
25 and that the -- each one of our personnel on the operations

1 level go back and get certified biannually.

2 Little more in depth into the medical director
3 position. And stop me at any time, folks, if you guys want to
4 ask questions. So the medical director provides offline
5 medical direction through the creation or revision of the MFD
6 standard operating guidelines. Our standard operating
7 guidelines as referred to medical is -- basically ties into
8 our scope of practice. Basically, there's a national standard
9 board that sets what we can and cannot do at our certain
10 responder levels when we make patient contact.

11 The fire department currently is -- is certified to
12 the emergency medical responder level. Just to give you a
13 little background there, there's three general levels:
14 There's the emergency medical responder level, there's the EMT
15 basic level, and then there's the paramedic level. So it's
16 a -- first you have first response and then a basic life
17 support level, and then an advanced life support level.

18 So our medical director basically gives us guidance
19 of what practices that we can be trained to and then provide
20 out in the field. He also helps provide us with quality
21 assurance and quality -- quality assurance through case review
22 and incumbent training program. And so as the EMR medical
23 director, I'll put together the lesson plan and outline,
24 basically, for annual refresher training and I'll share that
25 with the medical director and he'll interact with me and say,

1 Oh, let's maybe -- maybe we should add some training on wound
2 packing or bleeding control this year or, you know, I reviewed
3 a few cases, how about we work on reporting. So certain
4 things like that, he basically helps us manage and pushes us
5 in the right direction to keep us providing the best service
6 possible to the community.

7 Does any commissioners have any questions of --
8 about the medical director position itself?

9 COMMISSIONER LUNDBERG: Hi, this is -- this is
10 Gregg. I have one quick question. If you can go back to the
11 org. chart real quickly.

12 FIREFIGHTER III DEVLIN: Sure.

13 COMMISSIONER LUNDBERG: Are any of those positions
14 full-time positions or are they all like -- like you are,
15 you're a driver in Paia, but you're also moonlighting over
16 here? Is -- are there any dedicated positions to this
17 function?

18 FIREFIGHTER III DEVLIN: No, Commissioner, currently
19 they are -- we are just -- it's basically a secondary
20 responsibility, yeah. So each member that's on that org.
21 chart has an assigned position and this is a secondary
22 responsibility of theirs, up to and including the medical
23 director.

24 COMMISSIONER LUNDBERG: Okay. Thank you.

25 VICE CHAIR VARES: I have a question too. Do I

1 understand correctly that for -- we're currently looking for a
2 new medical director, the department's looking currently; is
3 that correct?

4 FIREFIGHTER III DEVLIN: Yes, that's correct. As
5 Fire Chief Thyne said, Libby Char was our -- was our previous
6 medical director and when she took over the head position for
7 the state department of health, that left that vacancy. And
8 we've been working to find an on-island resource, an on-island
9 medical director to kind of fill her role. And as Chief
10 Werner said, we're hopeful that will be filled sometime within
11 the first quarter of the year.

12 VICE CHAIR VARES: Does that trickle down on more
13 responsibility to you and the rest of your crew, or is it just
14 kind of a formality right now?

15 FIREFIGHTER III DEVLIN: Yes and no. So our
16 department has been structured very well, we have our medical
17 (inaudible) established, so we are functioning, but it does
18 help to have the medical director position there. As I said,
19 we bounce back -- ideas back and forth, you know, he's there
20 to guide us. He actually has a much higher level of training,
21 experience, all that -- all that knowledge to help us move the
22 program forward, so -- so we are managing just fine, but, yes,
23 we definitely want that position to be filled.

24 VICE CHAIR VARES: Good luck.

25 COMMISSIONER STERLING: Chair, a question. The

1 community CPR program under the medical director under the
2 program, is that something communities can interact with or
3 how do we -- how do they engage in the community CPR program?

4 FIREFIGHTER III DEVLIN: Okay. So our community CPR
5 program, we are in the incipient stages of it. Within the
6 last year, fiscal year 2020, we were able to secure a large
7 number of CPR manikins. So we have all the equipment
8 available, we have the program created, COVID-19 definitely
9 slowed us down, obviously, because the program is to reach as
10 many people as possible and we've identified the school system
11 and specifically fifth grade classrooms as -- as our
12 demographic that we want to reach out to. So COVID-19 has
13 slowed that process, but I can give you the program overview
14 in a nutshell, which would be to take large groups into either
15 the gymnasiums or cafeterias of the schools, so the fifth
16 grade schools, and teach between one to two hundred kids at a
17 time in an hour block period hands only CPR. So basically
18 just -- so it's gonna be -- it's focused to the schools and
19 we're basically teaching them to identify if someone's down,
20 call 911, and let's do hands only CPR.

21 And the justification for the program, especially
22 for our department, is -- is very -- real glaring. So by
23 definition, we're a rural fire department, our response times
24 in some districts can be more elongated and without -- without
25 somebody identifying somebody to be in cardiac arrest and

1 taking action by calling 911 and doing hands only CPR, by the
2 time we get there, if that -- if those actions don't take
3 place, their chances of survival are very, very, very
4 diminished. So just by tracking these numbers, it's very
5 evident this program is important to support our mission,
6 which is to protect and preserve life.

7 COMMISSIONER STERLING: Great. You answered my
8 question. That's great. Yeah. And I was focusing in on the
9 rural communities, which is where Kahikinui is and Kaupo
10 and -- great. This is good to know. Thank you very much.

11 FIREFIGHTER III DEVLIN: Any other questions,
12 Commissioners?

13 (No response.)

14 FIREFIGHTER III DEVLIN: Okay. So we're going to
15 just move down to the EMR training program. And some of this
16 may be redundant since we talked through some, so let's see
17 what we have here. So our recruit training program, so our
18 recruit training program, our recruit class, the EMR portion
19 of it takes place usually the first two weeks of the -- of the
20 scheduled recruit class. And basically what it is, it's 80
21 hours of initial training in medical field assessments, trauma
22 care, and patient packaging to the emergency medical responder
23 level. After that 80-hour training program, the candidates
24 take two days of testing. So they get cognitive testing, a
25 written exam, and then practical skills evaluation. If

1 they're successful, they'll receive a certification through
2 the National Registry of Emergency Medical Technicians at the
3 EMR level. Now, that certification has to be maintained
4 through continued education and recertified every two years,
5 so biannually.

6 Once they get through that, that program, we do a
7 medical -- MFD Medical SOG Familiarization Day, because the
8 standard material that's taught to these guys are at a
9 national level and we take that, that SOG familiarization to
10 really key them on -- on certain things we may do a little bit
11 different from the national level here at -- in Maui County.

12 The second part of the EMR program is the incumbent
13 training program. So there's been national standards created
14 that say as an EMR, you have to meet -- you have to meet or
15 exceed 16 hours of continued education in a set field of
16 topics, whether it be cardiac or -- or trauma or CPR. They
17 have a wide variety and it's very detailed and specific what
18 we have to train our members in and how many hours we have to
19 meet. So to meet that standard, we do 12 hours annually of
20 CAPCE-approved distributive education delivered through the
21 Target Solutions program.

22 Just to -- just in case you guys aren't familiar,
23 Target Solutions is what we've been using this year as kind of
24 a distributive education program. So we can assign courses
25 through the computer and these guys go on there and they spend

1 between one and two hours per course reviewing the material,
2 taking a test out, and then receiving the credit for that --
3 for those hours. In addition to that, they do four to eight
4 hours annually in a traditional classroom setting where we
5 provide a lesson plan, walk them through the material, do
6 practical application, and then -- and then give them a test
7 at the end to make sure they're retaining what we've taught
8 them.

9 Once those standards -- once we do that training,
10 then we do that biannual recertification from the battalion
11 chief level and below to the National Registry emergency
12 responder level. Now, as I say that, we have been
13 participating in this National Registry program, certification
14 program for like I believe the last 15 years and we're at --
15 we're at a percentage of 60 percent, I believe, are -- that
16 our members are actually certified through National Registry.
17 The members that aren't are the classes or the older -- or the
18 older members of the department who came before that. So they
19 all are trained to the same level, so they at least hold the
20 initial certification course, so they all go through the same
21 training and recertification.

22 COMMISSIONER ALCON: I have a question. This is
23 Puna. The -- the EMT National Registry, the certification, is
24 that the same as what the students at UHMCC and KCC would
25 obtain for the EMT program?

1 FIREFIGHTER III DEVLIN: So as I said earlier,
2 there's three different levels. Ours is the emergency medical
3 responder and then EMT level is one step above that and the
4 paramedic is above that.

5 COMMISSIONER ALCON: Okay.

6 FIREFIGHTER III DEVLIN: So within the college, I
7 know the college teaches multiple programs. They do teach an
8 EMR program that is equivalent to ours and then they have the
9 EMT -- state EMT program, which is more in tune to an advanced
10 EMT, and then they have a National Registry EMT program. So
11 the training that our -- our personnel are getting is a lower
12 level than what they're receiving there.

13 COMMISSIONER ALCON: Okay. Thank you. Because I
14 noticed on Molokai, most calls, the fire department gets to
15 the medical call before the actual ambulance gets there, so
16 it's nice to know that everybody's trained up and can respond
17 appropriately.

18 FIREFIGHTER III DEVLIN: Okay. We're gonna move to
19 the CPR portion of our program. Within the same recruit
20 training program, eight hours are dedicated to teaching our --
21 our recruits basic life support, basic life saver training.
22 So they're taught to basically do CPR, operating an AED, and
23 assist with ventilations of the patients. Once they complete
24 that, they receive a certification through the American Heart
25 Association, the CPR card, basically, which is -- which is

1 valid for two years.

2 Within our department, we do -- we do things a
3 little bit different and what we do here in our department is
4 high performance CPR. There's been a big push nationally and
5 I would be safe to say probably 50 percent across our nation
6 is now using high performance CPR within professional
7 providers. What's -- what high performance CPR is basically
8 providing CPR without -- without taking breaks for
9 ventilations. So we're doing nonstop compressions through the
10 entire event and -- and sneaking in some breaths in between
11 there. Because the data supports, you know, keeping that
12 heart -- the blood circulating through the body provides a
13 better outcome for those cardiac arrest patients. So we do
14 that secondarily to the -- to the initial eight-hour course.

15 Now, for the incumbent training program, the main
16 thing for that certification, it's a two-year certification,
17 we have to -- biannually we have to do a four-hour CPR
18 refresher. Within the last two years, we -- we were able to
19 acquire some high quality feedback manikins and what that
20 allows us to do, basically, is it's a software program we can
21 put up on the screen just like we're here today and our -- our
22 personnel will be down on the manikins and they'll be doing
23 compressions and they can see on the screen how good they're
24 doing. They'll see if their rates are accurate, they'll see
25 if their depth is appropriate, they'll see if their

1 ventilations are efficient, and that -- that's a big step
2 forward for our program. Before that fact, you know, we would
3 practice and we'd go through all the steps, but we didn't
4 really have a good way to show them or give them immediate
5 feedback on how well or how poor they were doing. So that was
6 really good -- good push for our program.

7 Also within the last year we got a large cache of
8 Zoll AED3 defibrillators and these -- these machines are far
9 and above what we had before. So, basically, what these
10 devices -- these devices give us -- gives us the same
11 abilities, the same feedback as we do in practice. So when
12 they put that AED on the patient and realize now -- and
13 they're doing CPR, they're getting immediate feedback showing
14 that their compression rate is accurate, that their depth is
15 good, and all -- all of that information that is crucial to a
16 good successful patient outcome.

17 COMMISSIONER LUNDBERG: I have a question.

18 FIREFIGHTER III DEVLIN: Sure. Go ahead.

19 COMMISSIONER LUNDBERG: What percentage of your
20 total firefighters are -- have gone through this training
21 program and are officially certified?

22 FIREFIGHTER III DEVLIN: Sorry, Commissioner,
23 just -- Commissioner, just for clarification, are you speaking
24 of the CPR or the EMR training or both?

25 COMMISSIONER LUNDBERG: Both.

1 FIREFIGHTER III DEVLIN: Okay. So every member of
2 our department is trained annually to this level, they've
3 all -- they've all gone through the initial training program
4 as well as the incumbents -- incumbent training program.

5 COMMISSIONER LUNDBERG: Okay.

6 FIREFIGHTER III DEVLIN: But they're not --
7 certified to the National Registry level are, like I said,
8 approximately 60 percent of the members. And that's based off
9 the fact that the program started 15 years ago and we
10 identified the recruit classes as the places where we would
11 start to certify, to certify the individuals. So 60 percent
12 currently for the National Registry EMT, but a hundred percent
13 of our members are certified for the CPR program through AHS
14 life -- basic life support certification.

15 COMMISSIONER LUNDBERG: Great. Thank you. That's
16 great to hear.

17 FIREFIGHTER III DEVLIN: So our last slide here is
18 the community CPR program. By getting the -- the advancements
19 in equipment that we have through the last year, too, it
20 really made it real evident how important this program is in
21 my -- in my eyes. So this year with these AED devices I spoke
22 of, I'm able to -- to review all of this (inaudible) we have
23 and on top of that I review all of the narratives, the EMS
24 narratives that the captains write attached to that CPR case
25 to gather information. And the information I'm looking

1 specifically to gather is was a cardiac arrest case witnessed
2 by a bystander, did anybody see this person go down?
3 Secondly, did anyone do bystander CPR on them? And, thirdly,
4 what kind of initial rhythm, heart rhythm was that patient in
5 when we got to them? 'Cause those three factors are critical
6 into basically what the -- what the outcome for that patient
7 will be. If no one does bystander CPR and our response time
8 is between four and eight minutes, the patient outcome most
9 likely will not -- will not be a positive one. The heart
10 can -- and the organs can only function for four to six
11 minutes without -- without oxygenated -- oxygenated blood
12 being circulated to the body. So that basically shows to us
13 that we really need to step up our community CPR program and
14 push this thing to get as many people educated and willing and
15 comfortable to put their hands on the patient and do chest
16 compressions for them to keep the patient viable until we can
17 get there with an AED.

18 So like I had mentioned earlier, our target group is
19 going to be public schools and private schools, fifth grade is
20 a -- is a demographic that we've identified. They'll be --
21 they'll be within the community longer, they're probably more
22 willing and eager to learn than maybe the later high school
23 years. We already have some private entity people from AED
24 Institute who already have a program established within the
25 school system, so we're trying do some partnering up with

1 them. Yeah. And, hopefully, within the next -- the next
2 calendar year for school, we can get in there, given the --
3 given the current state of events.

4 COMMISSIONER LUNDBERG: Hi. This is Gregg again.
5 Are there any laws or rules around pedestrians giving CPR or
6 whatnot to somebody they come across in the everyday?

7 FIREFIGHTER III DEVLIN: Yes, Commissioner. There's
8 a Good Samaritan law and the purpose of that law is basically
9 to protect anyone, any layperson, anyone on the street,
10 even -- even emergency providers who are off duty to take
11 action to help save a life without any kind of negative or
12 civil or criminal reaction to that. There are rules for that.
13 For a layperson such as yourself or anyone else on the street,
14 there are no rules, you -- if you are not LP trained and you
15 go and you do your best to help somebody, that Good Samaritan
16 law protects you.

17 As an emergency responder, the law protects us as
18 well as long as we're operating within our scope of practice,
19 you know. So, for example, me as a -- as an EMT, if I go
20 there and I start trying to do all kinds of advanced life
21 support things, then -- then I'm operating way outside the
22 scope I should be and then -- then there could be an issue.
23 But, yes, there is a law called the Good Samaritan Act that is
24 there to protect all lay people from any kind of litigation.

25 COMMISSIONER LUNDBERG: Great. Thank you.

1 FIREFIGHTER III DEVLIN: That concludes my
2 presentation. You guys have any questions for me,
3 Commissioners?

4 COMMISSIONER STERLING: No. I'm happy -- this is
5 Commissioner Sterling. Thank you very much for this
6 presentation. I wasn't aware of a lot of the medical
7 atmosphere right now in our department, so thank you very
8 much.

9 FIREFIGHTER III DEVLIN: Thank you.

10 VICE CHAIR VARES: Really interesting. Thank you
11 very much.

12 COMMISSIONER ALCON: Great presentation.

13 FIREFIGHTER III DEVLIN: Thank you.

14 CHAIR GINOZA: And I see we got Travis on, so I
15 don't know if, Travis, you have any questions or --

16 (Laughter.)

17 CHAIR GINOZA: But, no, thank you, that was
18 excellent presentation, very well -- very informative.

19 Any -- any other questions for Mr. Devlin?

20 (No response.)

21 CHAIR GINOZA: Okay. Seeing none, thank you very
22 much. The -- that's the last thing on our agenda. The next
23 meeting is Thursday, January 21st of next year. Unless
24 anybody else has anything to -- they want to announce or bring
25 up -- please remember to fill out your -- Commissioners,

1 please to remember fill out your financial disclosure forms
2 and submit them to -- or submit it to Richelle. And everyone
3 please have a happy holiday season and thank you all,
4 Commissioners and Fire Personnel, for your service to the
5 community. And unless anybody has any other items, I will
6 take a motion to adjourn the meeting.

7 VICE CHAIR VARES: Motion to adjourn.

8 COMMISSIONER STERLING: Chair, I make a move to
9 adjourn.

10 CHAIR GINOZA: Thank you, Commissioner Sterling.

11 A second?

12 VICE CHAIR VARES: Travis.

13 CHAIR GINOZA: Travis? Okay. All in favor.

14 (Response.)

15 CHAIR GINOZA: Okay. Great. Well, everybody,
16 please take care and have a happy and safe holiday season and
17 see you guys all next year. Thank you. Meeting's adjourned.

18 (The proceedings were adjourned at 11:00 a.m.)

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